

**Mental Status**

Unremarkable

Mood: Euthymic

Affect: Full

Speech: Clear

Thought process: Logical

Perception: WNL

Hallucination: Denied None evidenced

Thought content: Within normal limits

Delusions: None Reported

Cognition: Within normal limits

Intelligence estimate: Average

Insight: Within normal limits

Judgment: Within normal limits

Written narrative:

Patient was seen via telehealth for inter facility transfer screen.

Patient identifies as female and uses she/her pronouns. She arrived to NCF from RDC. Reviewed the Consent for Treatment and Limits of Confidentiality form and telehealth consent with Patient. Patient signed the forms and signed copies have been placed in his medical record.

MH Clerk Smith was present with the Patient during the encounter. Patient was at NCCF, while this writer delivered telehealth services from Pennsylvania. Patient's ID was verified by name/DOC#. The Patient was given the opportunity to ask questions regarding the use of the telehealth.

EMR reviewed for psychiatric history. Current mental health code, diagnosis, and treatment plan have been reviewed and updated to reflect current needs.

Patient is not currently prescribed psychotropic medication. She says that she prefers therapy because she is prone to overdose.

Patient arrived as a C MH code with active GID and MDD diagnosis.

HCR submitted 11/29, received/trailed 11/30 "I would like to speak to mental health, preferably a female as I'm transgender. (The missed appointment on 11/18 was your fault, if you wondering why I'm repeating this, it's in the hopes that repetition will assure your comprehension of this material and your assured compliance!!!) If not, grievances will follow, thank you and have a good day"

HCR submitted 11/29/22, received/trailed 11/30 "I requested to have my gender reaffirming surgery. I was scheduled to see a specialist with the medical provider for my gender dysphoria. Mental health was the initiator of this request for review. Do I have to start this process over at NCF? If so, please schedule me to begin this process again. Thanks in advance (The missed appointment on 11/18 was your fault, please see that this doesn't happen again!!!)"

Pt says that she has been on the hormones for almost 4 years. Based on chart review, however, it appears that she started hormones 7/9/2020 following MDT call on 6/17/2020

Pt reports the following symptoms:

She says that she deals with a lot of stressors and tends to suffer from PTSD, manic depression. Pt says that people put her down and approach her sexually when she does not want it. She says that she deals with "internal sexual frustration". She says that she is an OCD type person and must keep her are a certain way and her makeup must be a certain way. Pt says that she spends a significant amount of time each day shaving her entire body because she does not like to feel any bumps.

Pt says that when manic or depressive, she eats less. She also says that she sleeps too much and feels "apathy" Reports mania consists of "hyperfocused activities", irrational thinking, bursts of energy. She reportedly copes by taking a moment to close eyes and focus on breathing. Lasts a few minutes to a few hours. Reports being easily distracted, racing thoughts. Pt says depression last 10-15 mins.

Pt reports multiple suicide attempts. She reportedly overdosed on tegretol in 2008 and Elavil in 2004, which resulted in her being in a coma x 25 days. No SSA in the past year.

PTSD - pt says she has been incarcerated for almost 22 years. Loud noises make her on alert, hyperarousal, violence, hostility lead to worry. Pt says she was raped a couple times in the early 2000s. She also says she was "locked" in the past. Pt denies any nightmares, saying she does not get REM sleep so does not dream at all. She says that she has a lot of fears and awakens startled.

#### SVAT

Patient experienced prior sexual victimization/perpetration and reports the desire for MH 14 day f/u regarding these reported events.

Pt denies any current fear in her dorm.

Pt reports sister-in-law is supportive, the rest of her family has passed away.

#### Diagnostic Impression:

Pt's presentation is consistent with current dx.

Patient will continue to be monitored for diagnostic clarification. Will re-class to C MH code. Patient will be followed by mental health per policy, treatment plan, or request. Patient will be added to waitlist for depression group.

Statewide MH Director notified of pt's desire to pursue gender re-affirming surgery.

## RISK ASSESSMENTS

### CURRENT ENCOUNTER

#### Risk Assessments

Patient denies suicidal ideation, plan, intent, and/or attempt.

Patient denies property damage ideation, plan, intent, and/or attempt.

Patient denies homicidal ideation, plan, intent, and/or attempt.

### RISK ASSESSMENT HISTORY

#	Risk	Current	Past	Documented	Event Date	Approximate Date	Ideation	Plan	Intent	Scale
1	Homicide	Denies		12/08/2022	12/08/2022	No				
2	Property	Denies		12/08/2022	12/08/2022	No				
3	Suicide	Denies		12/08/2022	12/08/2022	No				

#	Attempt	Planned/I	Drug/Alcohol	Medically	Plan	Attempt Description

1

2  
3

## SAFETY MANAGEMENT PLAN

No currently expressed suicidal or homicidal ideation or intent. No current need for safety plan.

### Past Risk and Alerts

Did violence result in injury? No

Did violence ever involve the use of a weapon? No

Was individual under the influence of drugs or alcohol at the time? No

### Psychiatric Screening

Marital status? Marital status: Single

### Suicide Risk Screening

#### Assessment/Diagnosis

##### AXIS IV

Severity: Moderate

Problem Type	No/Yes	Description
Primary Support Group	Yes	Very little external support
Social environment	Yes	Difficulty Trusting Others - suspicious - isolates
Legal system/crime	Yes	Incarcerated

##### AXIS V

Current GAF: 70

Date: 08/17/2022.

Highest GAF: 70

Date: 08/17/2022.

### Treatment Recommendations/Assessed Needs

Number	Priority	Needs	Status	Identified	Resolved	Rationales
3		Depression		06/09/2016		
4	1	Depression	active	07/22/2019		
5	1	Evaluation for gender dysphoria	active	07/22/2019		

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### SIGNATURES

Patient Name: RICHARDSON, JONATHAN  
ID: 127630 Date of Birth: [REDACTED]

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Encounter Date: 12/08/2022 07:57 AM

STATE001174

Staff: Signed by Dana D. Killingsworth, Psy, on 12/08/2022

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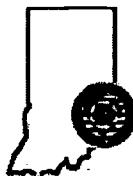
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302 W. Washington Street  
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Patient Name: RICHARDSON, JONATHAN  
ID: 127630 Date of Birth: [REDACTED]

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Encounter Date: 12/08/2022 07:57 AM

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**State of Indiana**

Department of Correction

Division of Medical and Clinical Healthcare Services

Indiana Government Center South  
302 W. Washington Street  
Indianapolis, IN 46204

**Facility: NCF**

PATIENT: JONATHAN RICHARDSON  
DATE OF BIRTH: [REDACTED]  
DOC #: 127630  
DATE: 12/08/2022 7:57 AM  
VISIT TYPE: Intake No Medical Services

**Evaluation of Suicide Risk**

**Reason for Suicide Risk Assessment (as applicable):**

Encounter type: Initial intake screening

**Historical Risk Factors (static):**

Family/close friends history of suicide: Yes. father, 2 brothers by hanging, OD

Prior suicidal/self-injurious behavior: Yes. 2008 OD on tegretol, 2004 OD on Elavil and in a coma for 25 days

Prior suicidal/self-injurious ideation: Yes.

History of substance abuse: No.

History of physical or sexual abuse: Yes. sexually assaulted in prison

History of severe impulsivity: No.

History of mental illness/psychiatric treatment: Yes.

**Clinical Risk Factors:**

The following clinical risk factors were validated in regards to the patient: No clinical risk factors were noted.

The following clinical risk factors were denied by the patient: recent suicidal/self-injurious behavior, recent/current impulsivity, recent assaultive/violent behavior, recent suicidal/self-injurious ideation, premeditated and lethal plan/behavior, lack of future orientation or plans, rigid all-or-nothing thinking, fatalistic delusions or fantasies, belief that death will bring relief, fixed determination to harm/kill self, treatment noncompliance, suicide notes/giving belongings away, auditory command hallucinations, hopelessness and/or helplessness, feelings of worthlessness, current insomnia with poor appetite,

social withdrawal atypical for patient, shame or threat to self-esteem or guilt, intense turmoil/agitation/anxiety/anguish or despair, elevated anger or hostility or alienation, sudden calm following suicide attempt, affective instability or lability, fearfulness regarding safety and chronic pain.

**Situational Risk Factors (current, dynamic):**

Signs of withdrawal/detoxification: No.

Chronic, serious or terminal illness: No.

Recent loss, rejection or separation: No.

Other recent bad news: No.

Trauma or sexual/physical abuse in facility: No.

Conflicts with peers/staff: No.

New disciplinary charge or sanctions: No.

Single cell placement: No.

Administrative/disciplinary segregation: No.

High profile/heinous/shocking crime: No.

Potential for long/life sentence: No.

Recent parole violation/new charge: No.

**Protective Factors:**

The protective factors for this patient include: family support, support from spouse/significant other, positive and supportive peer relations, strong and protective spiritual/religious beliefs, realistic future orientation and plans, positive goal orientation, treatment compliance and positive coping skills.

The protective factors that this patient does not have include: role in caring for children or dependants and high school or greater level of education.

journaling, "self-introspection" for coping; plans to get out in 2027 (2025 with good time); has GED; Theosophical Society in America

**Suicide/Homicide Risk:**

Date	Instrument	Severity	Comments	Completed By
01/20/2015	Suicidal/Homicidal Risk	Low risk		Melissa Sprinkle, PsyD
12/17/2014	Suicidal/Homicidal Risk	Low risk		Melissa Sprinkle, PsyD
10/16/2014	Suicidal/Homicidal Risk	Low risk		Melissa Sprinkle, PsyD
10/14/2014	Suicidal/Homicidal Risk	Low risk		Melissa Sprinkle, PsyD
10/03/2014	Suicidal/Homicidal Risk	Low risk		Melissa Sprinkle, PsyD
09/15/2014	Suicidal/Homicidal Risk	Low risk		Melissa Sprinkle, PsyD

**Recommendations:**

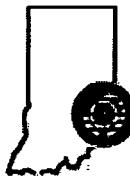
No acute interventions needed

Documented by: Dana D. Killingsworth, Psy Date: 12/08/2022 Time: 9:51 AM

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## State of Indiana

Department of Correction

Division of Medical and Clinical Healthcare Services

Indiana Government Center South  
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### Facility: NCF

PATIENT: JONATHAN RICHARDSON  
DATE OF BIRTH: [REDACTED]  
DOC#: 127630  
DATE: 12/08/2022 7:57 AM  
VISIT TYPE: Intake No Medical Services

### INDIVIDUALIZED ACTION PLAN

Program name:

Admission date: 06/09/2016

Effective date of initial IAP:

Next review date: 06/08/2023

### GOALS, OBJECTIVES AND INTERVENTIONS

#### Goal 3: Depressive symptoms do not impair daily functioning (continued)

Target date: 10/27/2022

Adjusted target date: 09/07/2017 (Adjusted as per IAP review dated 05/01/2018)

Assessed need: Depression

Individual's strength/skills: {local.txt\_strengths}

Potential barriers: {local.txt\_barriers}

- Objective 1: Identifies negative thinking supporting depression (continued)

Start date: 06/30/2012

Target date: 10/27/2022

Adjusted target date: 09/07/2017 (Adjusted as per IAP review dated 05/01/2018)

- Objective 2: Verbalizes increased feelings of self worth (continued)

Start date: 06/30/2012

Target date: 10/27/2022

Adjusted target date: 09/07/2017 (Adjusted as per IAP review dated 03/07/2017)

-- Intervention 3: Depression group

Modality: Group therapy Frequency: prn

Type of provider: MHP

#### Goal 4: Mismatch between assigned gender and gender identity no longer causes marked distress. (continued)

Start date: 07/22/2019  
Target date: 10/27/2022

Assessed need: Evaluation for gender dysphoria

Individual's strength/skills: {local.txt\_stengths}

Potential barriers: {local.txt\_barriers}

- Objective 1: Identify ways in which gender identity leads to distress, exacerbates symptoms of depression, and contributes to other concerns such as irritability and self-destructive behavior.  
(continued)

Start date: 08/27/2020  
Target date: 10/27/2022  
Adjusted target date: (Adjusted as per IAP review dated 05/01/2018)

-- Intervention 2: person-centered, supportive, solution-focused interventions  
Modality: Group therapy      Frequency: prn      Type of provider: MHP

## TRANSITION/DISCHARGE CRITERIA

### Discharge plan:

12/8/22: TA completed and ITP updated. Next review in 6 months.

4/26/22: TP updated to reflect group therapy needs.

8/23/21: Patient Autumn (Richardson) was seen for her 90 day routine monitoring and TPR. She denied significant mental health concerns, but acknowledged symptoms of grief over her two best friends being moved to another facility. She described being grateful to them for accepting who she is. She will continue to be monitored every 90 days.

8/27/20 - Richardson has been diagnosed with gender dysphoria and started hormone therapy. She has shown an improvement in mood, irritability, and interpersonal relatedness. An overarching goal for the next treatment period will be to continue to explore and grow into her role living as a woman.

Individual has participated in the development of this plan:  
Yes

Others participated in the development of this plan:  
No

**SIGNATURES**

Staff: Signed by Dana D. Killingsworth, Psy, on 12/08/2022

*Document generated by: Dana D. Killingsworth, Psy 12/08/2022 03:11 PM*

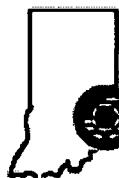
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Patient Name: RICHARDSON, JONATHAN  
ID: 127630 Date of Birth: [REDACTED]

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Encounter Date: 12/08/2022 07:57 AM

STATE001181



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Division of Medical and Clinical Healthcare Services

Department of Correction

Indiana Government Center South  
302 W. Washington Street  
Indianapolis, IN 46204

**Facility: NCF**

**Date:** 12/08/2022 07:57 AM

**Offender Name:** JONATHAN RICHARDSON

**DOB:** [REDACTED]

**Gender:** male

**DOC nbr:** # 127630

**BEHAVIORAL HEALTH STATUS CLASSIFICATION**

**BH Code: C**

- A. Free of functional behavioral health impairment in the current living environment; individuals with short-term, self-limiting condition requiring minimal behavioral health intervention limited to (30) day's duration.
- B. Psychiatric disorder that causes little functional impairment and requires infrequent psychiatric services. These services are routine in nature.
- C.  Psychiatric disorder that causes some functional impairment and requires psychiatric and/or psychological services to support an acute need or recent mental health crisis such as situational social stressors. Services necessary to provide stability, support and skills for self-management such as evidence-based group treatment, peer-led support, or regular psychiatric services. These services may be routine and/or unplanned in nature and may involve mental health monitoring.

[REDACTED]





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**Facility: NCF**

PATIENT: **JONATHAN RICHARDSON**  
DATE OF BIRTH: [REDACTED]  
DOC #: **127630**  
DATE: **11/18/2022 7:38 AM**  
VISIT TYPE: **Psychotherapy - Individual**

### **Individual Counsel/Psych Prog Note**

#### **General**

Program Name: Outpatient

### **Individuals Present/Support Resources**

Contact type:

Telemedicine

Individual not present.

### **Subjective Information**

Individual's report of progress towards goals/objectives since last session:  
IP did not show for scheduled appointment for TA/HCR. Will reschedule per policy

### **Goals, Objectives, and Interventions Addressed Today**

Interventions/Methods Provided:

HCR 569932 submitted 11/14, received/trailed 11/15 "I would like to speak to mental health, preferably a female as I'm transgender"

HCR 569919 submitted 11/12, received/trailed 11/14 "I requested to have my gender-reaffirming surgery, I was scheduled to see a specialist with the medical provider for my gender dysphoria mental health was the initiator of this request for review. Do I have to start this process over at NCF? If so, please schedule me to begin this process again. Thanks in advance.

HCR 569918 submitted 11/12/22, received/trailed 11/14 "I have been transitioning for 3 yrs and take hormone therapy for my gender dysphoria. I need to speak with the PRE coordinator about having a card for the representation of my status, pronouns, strip-out requirements. Thank you in advance. My info is as follows..."

HCR 569887 submitted 11/7, received/trailed 11/14 "I am on estradiol and sivastatin for my gender dysphoria. I take it on mornings and I haven't had my dosage today. I've been on it for 3 yrs. Can you please make sure I receive these?"

### **Risk Assessment**

#### **SAFETY MANAGEMENT PLAN**

No currently expressed suicidal or homicidal ideation or intent. No current need for safety plan.

Patient Name: RICHARDSON, JONATHAN  
ID: 127630 Date of Birth: [REDACTED]

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Encounter Date: 11/18/2022 07:38 AM

STATE001184

**Assessment/Diagnosis****AXIS IV****Severity: Moderate**

<b>Problem Type</b>	<b>No/Yes</b>	<b>Description</b>
Primary Support Group	Yes	Very little external support
Social environment	Yes	Difficulty Trusting Others - suspicious - isolates
Legal system/crime	Yes	Incarcerated

**AXIS V**

Current GAF: 70

Date: 08/17/2022.

Highest GAF: 70

Date: 08/17/2022.

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**SIGNATURES**

Staff: Signed by Dana D. Killingsworth, Psy, on 11/21/2022

**Behavioral Health Billing**

Modifier: N/A

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Completed By Ogechukwu Onuigbo, RN  
Date Completed: 11/07/2022  
Offender Name: JONATHAN RICHARDSON  
DOB: [REDACTED]  
Name of Facility: NCF  
IDOC Number: # 127630

**DISABILITY CLASSIFICATION**

**Disability Code: A**

**Section A**

**A. \_x\_** No Disability. This category applies to all incarcerated individuals without significant physical, visual, hearing impairment.

**B.** Incarcerated individuals who are blind or have other significant visual impairments: This category applies to those incarcerated individuals who are blind or visually impaired with bilateral vision defects that even with the best correction seriously adversely affects the incarcerated individual's ability to participate independently in ADLs.

This category is not used for incarcerated individuals who wear contact lenses or who have functional vision in one eye.

Incarcerated individuals with dual sensory impairment in which there is a disturbance of both vision and hearing which seriously adversely affects an offender's ability to participate in ADLs will be also classified to this category.

**C.** Incarcerated individuals with a mobility or ambulation impairment, including wheelchairs and crutches: This category applies to those incarcerated individuals with a neuromuscular impairment that seriously adversely affects the incarcerated individual's locomotion or gross motor functions. The impairment must be such that is seriously interferes with the incarcerated individual's ability to participate independently in ADLs. Examples include but are not limited to: paralysis; neuromuscular disorders which impair strength such as myasthenia gravis; or, spastic disorders such as cerebral palsy.

**D.** Incarcerated individuals who are deaf or have other profound hearing loss, or who have certain communication impaired disorders. This category applies to those incarcerated individuals who are deaf or suffer from a profound hearing loss in which there is a bilateral disturbance of

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hearing that cannot be corrected with amplification and that seriously adversely affects the incarcerated individual's ability to participate independently in ADLs. Incarcerated individuals with a hearing loss corrected with a hearing aid do not belong in this category.

Incarcerated individuals with other communication impairment disorders in which there is a disturbance of articulation, speech, voice, or language which seriously adversely affects the incarcerated individual's ability to participate in ADLs despite maximal therapeutic measures will also be assigned to this category.

**Date:** 11/07/2022 06:44 PM

**Provider:** Kelly Williams NP-C

**Document generated by:** Ogechukwu Onuigbo, RN 11/07/2022 06:44 PM

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STATE001187



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Indianapolis, IN 46204

Completed By: Ogechukwu Onuigbo, RN  
Date Completed: 11/07/2022  
Offender Name: JONATHAN RICHARDSON  
DOB: [REDACTED]  
Gender: male  
Name of Facility: NCF  
IDOC Number: # 127630

#### FLU SCREENING FORM

**In the last 24-48 hours, denies experiencing any flu symptoms.**

**Following chronic care conditions are indicated:**

**GENDER DYSPHORIA AND EPILEPSY**

Flu vaccine received this year on 10/12/2022 CIF

**Date:** 11/07/2022 06:46 PM

**Provider:** Kelly Williams NP-C

**Document generated by:** Ogechukwu Onuigbo, RN 11/07/2022 06:46 PM

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302 W. Washington Street  
Indianapolis, IN 46204

Ogechukwu Onuigbo, RN

**Completed By:**

**Date Completed:** 11/07/2022

**Offender Name:** JONATHAN RICHARDSON

**DOB:** [REDACTED]

**Gender:** male

**Name of Facility:** NCF

**IDOC Number:** # 127630

**HEAT STRESS QUESTIONNAIRE**

Do you weight more than the weight indicates for your age and height on the weight table on the reverse of this form? yes

Are you pregnant and in the second half of the pregnancy? no

Do you have emphysema? no

Do you have chronic obstructive lung disease? no

Do you have congestive heart failure? no

Do you have chronic kidney disease? no

Do you take medication to relax the urinary bladder and help control urination? yes

Do you take water pills (diuretic medication)? no

Do you take medication to control allergies? no

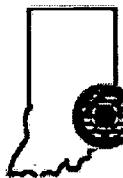
Do you take medication to control mental illness? no

Do you take medication to control the side effects of medication used to control mental illness? no

Do you take medication to control intestinal spasm? no

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**Do you take any other medication that has been prescribed by a doctor? yes**

**Date:** 11/07/2022 06:45 PM

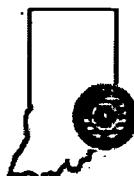
**Provider:** Kelly Williams NP-C

**Document generated by:** Ogechukwu Onuigbo, RN 11/07/2022 06:45 PM

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**STATE001190**



## State of Indiana

Department of Correction

Division of Medical and Clinical Healthcare Services

Indiana Government Center South  
302 W. Washington Street  
Indianapolis, IN 46204

Facility: NCF

PATIENT: JONATHAN RICHARDSON  
DOC#: 127630  
DATE OF BIRTH: [REDACTED]  
DATE: 11/07/2022 6:32 PM  
VISIT TYPE: Intake

### Intake

Reason for intake: Intra-facility transfer

#### General

Completed by: Ogechukwu Onuigbo, RN, 11/07/2022, 6:32 PM

Language: English

Completed date: 11/07/2022 Completed time: 6:43 PM

#### Vital Signs

Time	Height	Height	Weight	BMI	Systolic	Diastolic	Pulse	Resp	Temp	Sp O2	Peak Flow
	Ft	In									
6:32 PM			223.0		136	77	96	18	97.20	98	

Date	Time	Blood Glucose	Pain Score	Comments
11/07/2022	6:32 PM			

#### Subjective/Inmate Questionnaire

##### HIV Screening

Are you currently experiencing any of the following:

Persistent shortness of breath: No  
Cough: No  
Thrush, or white patches in your mouth or throat for at least two weeks: No  
Unintentional weight loss of at least 10 lbs without dieting in the past 30 days: No  
Diarrhea for at least two weeks: No  
Tender or enlarged lymph nodes for at least two weeks: No

Sweating at night:

No

When did symptoms begin? (onset):  
Are symptoms still present?

1. The patient has never been told they have any chronic or infectious diseases.
2. Have you ever been told you have diabetes? No
3. Do you take prescription medications? No

Medication Name	Sig	Quantity	Refills
spironolactone 100 mg tablet	take 2 tablet by oral route every day	60	5
estradiol 2 mg tablet	take 3 tablet by oral route every day	90	5

4. Do you currently have any of the following? No
5. Have you been hospitalized by a physician within the last year? No
6. Has been treated for: mental health, hospitalized for mental health, attempted suicide
7. Do you have a painful dental condition? No
8. Do you wear dentures? No
9. Do you wear glasses or contacts? No
10. Do you wear a prosthesis? No
11. Do you use drugs or alcohol? No
12. Have you fainted or had a head injury in the last 72 hours? No
13. Have you been prescribed a special diet by a physician? No

**Allergies**

Ingredient	Medication Name	Comment
PENICILLINS		
IBUPROFEN		
CEFTRIAXONE SODIUM	ROCEPHIN	Pt was given 0.5mg Epi x1 and NS IV w/ good results
EGG		

**Alcohol and Drug Screening**

Alcohol

Drinks alcohol? Yes

Type: Whiskey. consumed daily.  
1 fifth

Patient Name: RICHARDSON, JONATHAN  
ID: 127630 Date of Birth: [REDACTED]

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Encounter Date: 11/07/2022 06:32 PM

STATE001192

Last alcoholic drink was MARCH 2006.

Drug

Uses drugs? The patient uses illicit drugs.

marijuana

occasionally

Are you currently withdrawing or detoxing from any drug, alcohol or prescription medication? No

Have you ever had blackouts or withdrawal symptoms e.g. seizures, tremors etc from drugs or alcohol? No

Do you drink alcohol or take drugs regularly and have never stopped? No

Is this person known to facility to have a history of substance withdrawal in the past? No

#### **Suicide Risk Screening**

1. Arresting or transporting officer believes subject may be suicide risk. No
2. Lacks close family/friends in community. Yes
3. Experienced a significant loss within last 6 months (loss of job, relationship, death of close family member). No
4. Worried about major problems other than legal situation (terminal illness). No
5. Family member or significant other has attempted or committed suicide (spouse, parent, sibling, close friend, and lover). No
6. Has psychiatric history (psychotropic medication or treatment). Yes
7. Holds position of respect in community (i.e., professional, public official) and/or alleged crime is shocking in nature. Expresses feelings of embarrassment/shame. No
8. Expresses thoughts about killing self. No
9. Has a suicide plan and/or suicide instrument in possession. No
10. Has previous suicide attempts. (Note methods and dates). Yes
11. Expresses feelings there is nothing to look forward to in the future (feelings of helplessness and hopelessness). No
12. Shows signs of depression (crying, emotional flatness). No
13. Appears overly anxious, afraid or angry. No

14. Appears to feel unusually embarrassed or ashamed. No
15. Is acting and/or talking in a strange manner. Cannot focus attention; hearing or seeing things not there). No
16. History of substance abuse treatment? No
17. Is apparently under the influence of alcohol or drugs. No

Total Yes's: 3

#### **Psychiatric Screening**

History of inpatient mental health treatment? Yes

History of outpatient mental health treatment? Yes

Currently on psychotropic medications? No

History of cerebral trauma or seizure? No

#### **PREA Screening**

	Risk?
1. How old are you? 40	No
2. What is your height and weight? Height: feet, inches, Weight:	No
3. Were you in special classes at school?	No
4. Do you have any physical or mental disabilities?	No
5. Is this your first major incarceration?	Yes
6. Is your criminal history exclusively non-violent?	No
7. Do you have any reason to fear placement in general population?	No
8. Were you ever sexually assaulted or abused as a child?	Yes
9. Have you ever been approached for sex/threatened with sexual assault while incarcerated?	Yes
10. Do you consider yourself any of the following? Homosexual (No) Transgender (Yes) Intersex (No) Bisexual (Yes) Gender Nonconforming (No)	Yes
11. Have you had consensual sex while incarcerated?	No
12. Criminal history of sex offenses with adult/child victims?	No
13. Have you ever been sexually assaulted while incarcerated?	Yes

**Score: 7**

**Category: At risk of victimization (refer for additional screening)**

Detainee reports history of learning

Patient Name: RICHARDSON, JONATHAN  
ID: 127630 Date of Birth: [REDACTED]

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STATE001194

disability or special education services? No

Marital status? Marital status: Single

Highest grade or education level completed? GED

Family /Significant Other Supportive: No

Employed? No

Apparent Level of Cognitive Functioning: average

Current Mental Status

Appearance

Neat and Clean

Activity

Within Normal Limits

Orientation

Alert, oriented x 4

Mood

Euthymic

Affect

Full Range

Speech

Clear

Hallucinations

Denied

Delusions

None Reported

#### **Objective/Visual Observations**

All Negative

1. Is inmate unconscious or stuporous? No

2. Does the inmate exhibit symptoms/illness requiring emergency medical care? No

3. Has the inmate been seen in a hospital/care facility within the last 24hrs? No

4. Based on my assessment, this inmate requires an evaluation at a hospital/emergency facility before acceptance at this facility. No

5. Does the inmate appear to be under the influence of drugs or alcohol? No
6. Are there any signs of abnormality or visible signs of alcohol/drug withdrawal? No
7. Does the inmate's behavior suggest the risk of suicide or mental illness? No
9. Does the inmate exhibit any of the these? No
  
10. Are there signs of breathing difficulties or chest pain? No
  
11. Are there any signs of restricted or compromised movement? No
12. Does inmate exhibit characteristics of potentially being at risk for victimization? No

#### **TB Review**

Have you ever tested positive for PPD? No

Do you suffer from any of these? No

#### **TST:**

TB Screening: PPD Not Placed

#### **TB Screening**

##### **Assessment/Plan**

Status	Order	Reason	Frequency	Duration	Stop Date
ordered	Refer to mental health, routine for				
ordered	Refer to medical, routine, for				
ordered	Consent for Routine Health Care signed				
ordered	General intake information reviewed and provided to patient				
ordered	Instructions on How to Access Health Services given				
ordered	The POE has been received and reviewed				
ordered	Sexual Assault Facts and PREA education given				
ordered	Patient education provided and patient voiced understanding				

Intake Reviewed By: Ogechukwu Onuigbo, RN on 11/07/2022 at 6:43 PM

*Document generated by: Ogechukwu Onuigbo, RN 11/07/2022 06:43 PM*

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**Indiana Government Center South**  
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Patient Name: RICHARDSON, JONATHAN  
ID: 127630 Date of Birth: [REDACTED]

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## State of Indiana

Department of Correction

Division of Medical and Clinical Healthcare Services

Indiana Government Center South  
302 W. Washington Street  
Indianapolis, IN 46204

Completed By: Ogechukwu Onuigbo, RN  
Date Completed: 11/07/2022  
Offender Name: JONATHAN RICHARDSON  
DOB: [REDACTED]  
Gender: male  
Name of Facility: NCF  
IDOC Number: # 127630

### PHYSICAL HEALTH STATUS CLASSIFICATION

Medical Code: G2

**A.** Free of illness or injury; free of physical impairment; individuals with short term self-limiting condition requiring minimal surgical, medical, nursing or dental intervention limited to 30 days duration.

This category includes all minor health care conditions such as colds or other short-lived viral conditions, simple lacerations requiring sutures and plaster casts or fixation devices which do not dramatically interfere with ambulation or work.

Conditions in this classification do not require accessibility housing or residential (inpatient or infirmary) support. Health care intervention, if necessary, is limited to periodic consultation, treatment or evaluation by a physical health provider, nursing or dental personnel.

Patients requiring ongoing clinical assessments or treatments, which must be performed by health care staff several times a week or more, may not be assigned to this classification. Patients capable of performing self-care (i.e. can do their own dressing changes) may remain in this category if they would otherwise qualify.

**B.** Illnesses that do or will recurrently require skilled nursing care of any chronic physical or cognitive disability which requires on-going nursing care. Needs inpatient bed or immediate access to an inpatient bed.

This category includes all conditions in which continuous or intermittent inpatient or infirmary care is needed. Conditions in this classification include terminal illnesses in the late stages such as cancer, AIDS, end stage cardiac, respiratory or liver disease, and chronic physical or cognitive conditions which severely restricts the patient's ability to participate in activities of daily living such as quadriplegia, severe neuromuscular disorders, or late stage Alzheimer's disease requiring skilled nursing care.

**C.** Renal failure requiring hemodialysis or peritoneal dialysis.

This category may also include patients with significant renal insufficiency in which a restrictive renal diet is necessary.

**F.** Physical health condition (including chronic care) requiring frequent monitoring/surveillance and the on-site availability of licensed health care personnel twenty-four-hours per day or the incarcerated

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individual is frail and debilitated.

This category includes any condition or illness that is chronic and requires frequent or recurring consultation, evaluation and/or treatment by health care personnel and the immediate availability of licensed health care personnel. Uncontrolled diabetes (e.g. HbgA1C is greater than 8), uncontrolled hypertension, seizure disorders with poor control, asthmatics prone to exacerbations and unstable angina are examples.

This code should also be used for patients who are frail or debilitated residing on a "medical dorm. In general, before an F code may be changed to a "G" code, the health status of the patient must be stable, without medication for at least 90 days.

**G.   x**

1.

**2.   x**

Any stabilized, permanent or chronic physical or medical condition in which:

Frequent monitoring/surveillance is not needed;

The incarcerated individual demonstrates an appropriate degree of knowledge and motivation and is able to perform self-care;

3.

A twenty (20) pound or greater weight lifting restriction is needed.

4.

Negative Air Flow Room;

5.

Traumatic Brain Injury or Dementia.

This category includes any condition or illness in which frequent consultation, evaluation and/or treatment by medical or nursing personnel is not needed. Examples include stable angina, controlled diabetes (e.g. HbgA1C is less than 8) stable asthmatics, controlled seizure disorders.

This category also includes any condition or illness in which the patient has completed a course or rehabilitation and/or received special training or instructions and demonstrates an ability to perform self-care. Examples of these conditions include stable insulin dependent diabetics, patients with ostomies and conditions which require restrictions in lifting to 20 pounds or less.

Patients with reactive TB skin test (not active disease) receiving TB prophylactic medication such as isoniazid (INH) should be assigned to this category; patients with active disease are to be placed in this code category when they are stable on oral medication and no longer contagious.

**L**

~~Individually determined by the medical staff in accordance with the medical record~~

**Date:** 11/07/2022 06:44 PM

**Provider:** Kelly Williams NP-C

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Completed By: Ogechukwu Onuigbo, RN  
Date Completed: 11/07/2022  
Offender Name: JONATHAN RICHARDSON  
DOB: [REDACTED]  
Gender: male  
Name of Facility: NCF  
IDOC Number: # 127630

### **SYPHILIS SCREENING FORM**

1. Are you or have you ever been diagnosed or treated for syphilis: no
2. HIV infected: no
3. Had sex with other men: yes
4. Diagnosed with sexually transmitted disease within the past year: no
5. Exchanged sex for drugs or money or had a sex a sexual partner who did: no
6. Had multiple sex partners within the past year: no
7. Been a victim of sexual assault: yes

### **REFER FOR SYPHILIS SEROLOGY**

**Date:** 11/07/2022 06:46 PM

**Provider:** Kelly Williams NP-C

**Document generated by:** Ogechukwu Onuigbo, RN 11/07/2022 06:46 PM

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Completed By: Shannon S. McCord, LPN  
Date Completed: 11/07/2022  
Offender Name: JONATHAN RICHARDSON  
DOB: [REDACTED]  
Gender: male  
Name of Facility: CIC  
IDOC Number: # 127630

#### FLU SCREENING FORM

**In the last 24-48 hours, denies experiencing any flu symptoms.**

Flu vaccine received this year on 10/26/2022 CIF

**Date:** 11/07/2022 12:09 PM

**Provider:** John Heflin MD

**Document generated by:** Shannon S. McCord, LPN 11/07/2022 12:09 PM

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**DEPARTMENT OF CORRECTIONS  
INTRASYSTEM TRANSFER SUMMARY-TRANSFERRING FACILITY**

**SITE: CIC**

**COMPLETED BY: Shannon S. McCord, LPN 11/07/2022 12:08 PM**



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Division of Medical and Clinical Healthcare Services

Indiana Government Center South  
302 W. Washington Street  
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**Facility: CIC**

**PATIENT:**

**JONATHAN RICHARDSON**

**DATE OF BIRTH:**

[REDACTED]

[REDACTED]

**DOC #:**

**127630**

**DATE:**

**11/07/2022 12:08 PM**

**VISIT TYPE:**

**Transfer Documentation**

**Transfer information**

Type of transfer: intrasystem  
Transferring facility: CIC  
Receiving facility: NCF  
Date of transfer: 11/07/2022

**Problem List**

Polysubstance Dependence  
Nonspecific reaction to  
tuberculin skin test witho  
major depression in remission  
Esophageal reflux  
Epilepsy  
Borderline personality disorder  
Asthma

**Medication**

**Current Medications**

Medication	Instructions	Stop Date
estradiol 2 mg tablet	take 3 tablet by oral route every day	03/19/2023
spironolactone 100 mg tablet	take 2 tablet by oral route every day	04/22/2023

**Current TB status**

Obtained/Plac ed	Read	Result
07/08/2007	07/11/2007	0 mm
07/17/2012	07/19/2012	0 mm
05/08/2014	05/10/2014	0 mm
07/22/2016	07/24/2016	0 mm

RICHARDSON, JONATHAN 127630 [REDACTED] 11/07/2022 12:08 PM Page: 181/291

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**DEPARTMENT OF CORRECTIONS  
INTRASYSTEM TRANSFER SUMMARY-TRANSFERRING FACILITY**

**SITE: CIC**

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07/21/2017	07/23/2017	0 mm
07/21/2018	07/23/2018	0 mm
10/12/2019	10/14/2019	0 mm
07/19/2020	07/21/2020	0 mm
07/10/2021	07/11/2021	0 mm
07/20/2022	07/23/2022	0 mm

**Current TB/Last Health Assessment**

Obtained/Placed	Read	Result	Side
07/08/2007	07/11/2007	0 mm	
07/22/2008	07/25/2008	0 mm	left
07/17/2012	07/19/2012	0 mm	left
05/08/2014	05/10/2014	0 mm	left
07/22/2016	07/24/2016	0 mm	left
07/21/2017	07/23/2017	0 mm	left
07/21/2018	07/23/2018	0 mm	right
10/12/2019	10/14/2019	0 mm	left
07/19/2020	07/21/2020	0 mm	right
07/09/2021			left
07/10/2021	07/11/2021	0 mm	left
07/20/2022	07/23/2022	0 mm	left

**Labs**

Status	Ordered	Lab Order	Timeframe	Comments
result received	05/31/2007	(PT / INR) Prothrombin Time	Routine	
result received	05/31/2007	PTT	Routine	
result received	06/05/2007	Comp Panel + CBC/Plt	Routine	
result received	06/15/2007	CBC with Differential	Routine	
result received	03/18/2009	CMP 12 + BAC + CBC/PLT	Routine	
result received	08/10/2009	Dilantin (Phenytoin), Serum -F	Routine	
result received	08/17/2009	Dilantin (Phenytoin), Serum -F	Routine	
result received	08/31/2009	Dilantin (Phenytoin), Serum -F	Routine	
result received	09/19/2009	Dilantin (Phenytoin), Serum -F	STAT	lab sent to such as ordered, dilantin level
result received	11/23/2009	CMP 12 + BAC + CBC/PLT -F	Routine	Fasting.
result received	11/23/2009	Lipid panel -F	Routine	Fasting.
result received	11/23/2009	Tegretol (Carbamazepine), Serum -F	Routine	Fasting.

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**DEPARTMENT OF CORRECTIONS  
INTRASYSTEM TRANSFER SUMMARY-TRANSFERRING FACILITY**

**SITE: CIC**

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result received	01/12/2010	CMP 12 + BAC + CBC/PLT -F	Routine
result received	01/12/2010	Thyroid Panel (T4, TSH, T3U) -F	Routine
result received	01/12/2010	Dilantin (Phenytoin), Serum -F	Routine
ordered	05/23/2016	CH24/HDL,CBC/D/PLT	
ordered	04/28/2017	CBC WITH DIFF	
ordered	04/28/2017	COMPREHENSIVE METABOLIC PANEL	
ordered	04/28/2017	HEMOGLOBIN A1C	
ordered	04/28/2017	TSH	
ordered	07/13/2017	LIPID (CARDIAC) PANEL(INCL CHOLESTEROL, TRIG, HDL, LDL)	
ordered	09/21/2017	LIPID (CARDIAC) PANEL(INCL CHOLESTEROL, TRIG, HDL, LDL)	
ordered	09/21/2017	COMPREHENSIVE METABOLIC PANEL	
ordered	09/21/2017	CBC WITH DIFF	
ordered	03/26/2018	HEPATIC FUNCTION PANEL (LFTs)	
ordered	03/26/2018	LIPID (CARDIAC) PANEL(INCL CHOLESTEROL, TRIG, HDL, LDL)	
ordered	09/24/2018	LIPID (CARDIAC) PANEL(INCL CHOLESTEROL, TRIG, HDL, LDL)	
ordered	09/24/2018	CBC WITH DIFF	
ordered	09/24/2018	COMPREHENSIVE METABOLIC PANEL	
ordered	11/19/2018	CULTURE, WOUND	
ordered	11/19/2018	COMPREHENSIVE METABOLIC PANEL	
ordered	11/19/2018	CBC WITH DIFF	
ordered	03/25/2019	HEPATIC FUNCTION PANEL (LFTs)	
ordered	03/25/2019	LIPID (CARDIAC) PANEL(INCL CHOLESTEROL, TRIG, HDL, LDL)	
ordered	06/23/2020	LIPID (CARDIAC)	

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**DEPARTMENT OF CORRECTIONS  
INTRASYSTEM TRANSFER SUMMARY-TRANSFERRING FACILITY**

**SITE: CIC**

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		PANEL(INCL CHOLESTEROL, TRIG, HDL, LDL)
ordered	06/23/2020	ESTRADIOL
ordered	06/23/2020	TESTOSTERONE, TOTAL
ordered	06/23/2020	PROLACTIN
ordered	06/23/2020	CBC WITH DIFF
ordered	06/23/2020	COMPREHENSIVE METABOLIC PANEL
ordered	08/21/2020	BASIC METABOLIC PANEL
ordered	09/24/2020	ESTRADIOL
ordered	09/24/2020	COMPREHENSIVE METABOLIC PANEL
ordered	09/24/2020	CBC WITH DIFF
ordered	09/24/2020	TESTOSTERONE, TOTAL
ordered	09/24/2020	LIPID (CARDIAC) PANEL(INCL CHOLESTEROL, TRIG, HDL, LDL)
ordered	09/24/2020	PROLACTIN
ordered	03/05/2021	LIPID (CARDIAC) PANEL(INCL CHOLESTEROL, TRIG, HDL, LDL)
ordered	03/05/2021	ESTRADIOL
ordered	03/05/2021	TESTOSTERONE, TOTAL
ordered	03/05/2021	CBC WITH DIFF
ordered	03/05/2021	COMPREHENSIVE METABOLIC PANEL
ordered	06/03/2021	ESTRADIOL
ordered	06/03/2021	TESTOSTERONE, TOTAL
ordered	06/03/2021	PROLACTIN
ordered	02/08/2022	PROLACTIN
ordered	02/08/2022	LIPID (CARDIAC) PANEL(INCL CHOLESTEROL, TRIG, HDL, LDL)
ordered	02/08/2022	ESTRADIOL
ordered	02/08/2022	TESTOSTERONE, TOTAL
ordered	02/08/2022	URINALYSIS
ordered	02/08/2022	COMPREHENSIVE METABOLIC PANEL
ordered	02/08/2022	CBC WITH DIFF

**Diagnostics**

Status	Ordered	Order	Location	Timeframe
RICHARDSON, JONATHAN	127630	██████████	11/07/2022 12:08 PM	Page: 184/291

**DEPARTMENT OF CORRECTIONS**  
**INTRASYSTEM TRANSFER SUMMARY-TRANSFERRING FACILITY**

**SITE: CIC****COMPLETED BY: Shannon S. McCord, LPN 11/07/2022 12:08 PM**

obtained	05/02/2016	Chest two views	
ordered	05/11/2016	Chest X-ray; AP/Lat (2 views)	-today
ordered	01/02/2014	Chest two views	
ordered	12/15/2014	Chest two views	
ordered	03/04/2019	Chest two views	
		Bilateral	
ordered	01/01/2014	Chest two views	
ordered	01/01/2014	Chest two views	
ordered	11/16/2015	Sacrum and coccyx (minimum two views)	
ordered	11/07/2013	Fingers minimum two views Right	
ordered	01/01/2014	12 lead EKG	

**Classifications**

Order	Reason	Frequency	Ordered Date
Bottom bunk	RUE deformity		10/06/2022

**Office Procedures**

Status	Ordered	Procedures	Location	Time	Date
result received	03/14/2011	Ear irrigation			03/14/2011

**Office Services part 1**

Status	Ordered	Order	Timeframe	Completed
specimen obtained	07/22/2008	PPD 0.1 mL ID		07/25/2008
result received	08/31/2009	discharge from infirmary		09/29/2010
result received	08/31/2009	MDSC within 7 days		09/29/2010
result received	09/21/2009	Please make full admit to infirmary		09/29/2010
result received	09/21/2009	MDSC within 7d of discharge		09/29/2010
result received	09/21/2009	vitals q shift		09/29/2010
result received	11/16/2009	suture removal 11/26		09/29/2010
result received	12/07/2009	Send to SCCH ER via ambulance for head/neck injury		09/29/2010
result received	12/08/2009	Release from infirmary		09/29/2010
result received	12/08/2009	MDSC within 7 days		09/29/2010
result received	01/12/2010	Admit to infirmary-ACUTE		09/29/2010
result received	01/12/2010	Please place IV-saline lock		09/29/2010
result received	01/12/2010	Seizure precautions		09/29/2010
result received	01/12/2010	MD to see patient daily		09/29/2010

RICHARDSON, JONATHAN 127630 [REDACTED] 11/07/2022 12:08 PM Page: 185/291

**DEPARTMENT OF CORRECTIONS  
INTRASYSTEM TRANSFER SUMMARY-TRANSFERRING FACILITY**

**SITE: CIC**

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		M-F and prn	
result received	01/12/2010	Vitals q shift	09/29/2010
result received	03/01/2010	Discharge from infirmary	09/29/2010
result received	03/01/2010	MDSC within 7d	09/29/2010
result received	03/24/2010	Suture removal 3/28	09/29/2010
result received	03/26/2010	admit to infirmary-acute	09/29/2010
result received	03/26/2010	MD to see weekdays and prn	09/29/2010
result received obtained	03/26/2010	Fall precautions	09/29/2010
result received ordered	04/06/2010	PPD 0.1 mL ID	
result received ordered	03/14/2011	Ear irrigation	03/22/2011
specimen obtained	01/01/2014	12 lead EKG	
specimen obtained	07/09/2021	PPD 0.1 mL ID	

**Office Services part 2**

Status	Ordered	Order	Timeframe	Completed
ordered	02/08/2022	splint/brace - wrist		

**Referrals**

Status	Ordered	Provider	Specialty	Timeframe	Reason
completed'	07/15/2011				
ordered	08/26/2014				
ordered	08/26/2014			Routine	
ordered	05/02/2016				
ordered	10/07/2013			Routine	
ordered	11/10/2015			Routine	
ordered	02/09/2013			Routine	
ordered	02/12/2013				
ordered	03/16/2016				
ordered	02/08/2022				Carpal tunnel syndrome
ordered	12/15/2014	Provider			
ordered	07/02/2014			ASAP	
ordered	02/05/2019				
ordered	05/10/2016				
ordered	11/08/2014			ASAP	
ordered	11/08/2014			ASAP	
ordered	10/22/2015			Routine	
ordered	04/15/2022				
ordered	10/16/2014	Provider in four weeks			
ordered	06/15/2019				
ordered	09/25/2018			ASAP	
ordered	09/25/2018			ASAP	
ordered	04/17/2016			Routine	

**DEPARTMENT OF CORRECTIONS  
INTRASYSTEM TRANSFER SUMMARY-TRANSFERRING FACILITY**

**SITE: CIC**

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ordered	10/01/2014	Provider
ordered	11/19/2014	Provider
ordered	01/18/2017	ASAP
ordered	11/17/2018	
ordered	02/01/2022	Routine
result received	12/08/2009	Provider
result received	11/18/2011	Psychiatrist
result received	03/01/2010	Provider
result received	02/28/2010	
result received	10/17/2008	ASAP
result received	02/28/2010	
result received	04/01/2010	
result received	02/28/2010	
result received	02/28/2010	
result received	05/28/2010	
result received	05/28/2010	
result received	03/28/2010	
result received	01/12/2010	Provider
result received	02/26/2010	Provider
result received	03/26/2010	Provider
result received	03/31/2010	
result received	03/27/2010	
result received	06/03/2010	1 Month
result received	06/03/2010	
result received	02/26/2010	Psychiatrist
result received	02/26/2010	
result received	03/26/2010	
result received	03/26/2010	
result received	03/29/2010	
result received	02/27/2010	
result received	02/27/2010	
result received	09/29/2010	
result received	09/29/2010	
result received	06/01/2010	1 Month
result received	06/01/2010	
result received	05/28/2010	

Clinic	Enroll Date	Last Visit	Disenroll Date	Disenroll Reason
Asthma	07/08/2020	10/25/2022		
Asthma	04/08/2020		05/05/2022	
Asthma	01/14/2020		05/05/2022	
Asthma	01/14/2020			
Asthma	10/14/2019	10/14/2019		
Asthma	07/16/2019			
Asthma	04/05/2019	04/05/2019		
Asthma	04/05/2019			
Asthma	10/16/2018	10/16/2018		
Asthma	05/11/2016			
Other	10/21/2021	10/25/2022		

**DEPARTMENT OF CORRECTIONS  
INTRASYSTEM TRANSFER SUMMARY-TRANSFERRING FACILITY**

**SITE: CIC**

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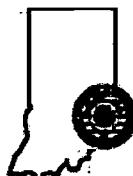
**Comments**

DOT meds and MAR sent. Offender stable for transport. Offers no complaints.

*Document generated by: Shannon S. McCord, LPN 11/07/2022 12:10 PM*

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**State of Indiana**

Department of Correction

Division of Medical and Clinical Healthcare Services

Indiana Government Center South  
302 W. Washington Street  
Indianapolis, IN 46204

**Facility: CIC**

PATIENT: **JONATHAN RICHARDSON**  
DATE OF BIRTH: **[REDACTED]**  
DOC #: **127630**  
DATE: **10/26/2022 2:33 PM**  
VISIT TYPE: **Nurse Visit**

**Nurse Visit**

Reason for visit: Flu Shot

**Nurse Protocols:**

**Review/Comments**

Patient smokes 14.00 packs a year

**Medications**

Medication	Sig	PRN Status	PRN Reason	Comment
estradiol 2 mg tablet	take 3 tablet by oral route every day	N		
spironolactone 100 mg tablet	take 2 tablet by oral route every day	N		

Document generated by: Lisa M. Walden, MRC 10/29/2022 02:35 PM

Indiana Government Center South  
302 W. Washington Street  
Indianapolis, IN 46204

Electronically signed by John Heflin MD on 10/31/2022 08:06 AM

Patient Name: RICHARDSON, JONATHAN  
ID: 127630 Date of Birth: [REDACTED]

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Encounter Date: 10/26/2022 02:33 PM

STATE001210



**State of Indiana**

Department of Correction

Division of Medical and Clinical Healthcare Services

Indiana Government Center South  
302 W. Washington Street  
Indianapolis, IN 46204

**Facility: CIC**

PATIENT: JONATHAN RICHARDSON  
DATE OF BIRTH: [REDACTED]  
DATE: 10/25/2022 08:13 AM  
VISIT TYPE: Chronic Care Visit

**History of Present Illness:**

1. asthma

The initial visit date was 02/12/2008. Symptoms of asthma began in 1984. The symptoms have been resolved. Pertinent negatives include irregular heartbeat/palpitations and wheezing.

2. hyperlipidemia

The hyperlipidemia is resolved. Risk factors include sedentary life style. Pertinent negatives include chest pain, claudication, constipation, diarrhea, dyspnea, heartburn, hematuria, nausea, palpitations, polyuria and vomiting.

3. gender dysphoria

**PROBLEM LIST:**

Problem Description	Onset Date	Chronic	Clinical Status	Notes
Gender identity disorder of adulthood	06/17/2020	N		
Gastroesophageal reflux disease	02/19/2015	Y		Mapped from KBM Chronic Conditions table on 05/09/2016 by the ICD9 to SNOMED Bulk Mapping Utility. The mapped diagnosis code was Esophageal reflux, 530.81, added by Paul A. Talbot, MD, with responsible provider Paul A. Talbot MD. Onset date 02/19/2015.
Borderline personality disorder	05/04/2010	Y		Mapped from KBM Chronic Conditions table on 05/09/2016 by the ICD9 to SNOMED Bulk Mapping Utility. The mapped diagnosis code was Borderline personality disorder, 301.83, added by Darla Hinshaw, MD, with responsible provider. Onset date 05/04/2010; Axis II.
Recurrent major depressive episodes, mild	10/21/2019	N		

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## Problem List (not yet mapped to SNOMED-CT®):

Problem Description	Onset Date	Notes
Asthma	03/19/2007	
Polysubstance Dependence	01/17/2011	
major depression in remission	01/17/2011	
Nonspecific reaction to tuberculin	02/01/2011	
skin test witho		
Epilepsy	06/11/2015	

## Allergies

Ingredient	Reaction	Medication Name	Comment
PENICILLINS	Rash		
IBUPROFEN	Rash		
CEFTRIAXONE SODIUM	SOB, chest pressure, rash	ROCEPHIN	Pt was given 0.5mg Epi x1 and NS IV w/ good results

## Review of Systems

System	Neg/Pos	Details
Constitutional	Negative	Chills, fatigue, fever, malaise, night sweats, weight gain and weight loss.
Respiratory	Negative	Chronic cough, cough, dyspnea, known TB exposure and wheezing.
Cardio	Negative	Chest pain, claudication, edema and irregular heartbeat/palpitations.
GI	Negative	Abdominal pain, blood in stool, change in stool pattern, constipation, decreased appetite, diarrhea, heartburn, nausea and vomiting.
GU	Negative	Dribbling, dysuria, hematuria, polyuria, slow stream, urinary frequency, urinary incontinence and urinary retention.
Neuro	Negative	Dizziness, extremity weakness, gait disturbance, headache, memory impairment, numbness in extremity, seizures and tremors.

## Vital Signs

## Height

Time	ft	in	cm	Last Measured	Height Position
8:13 AM	5.0	11.0	0.0	02/08/2014	0

## Weight/BSA/BMI

Time	lb	oz	kg	Context	BMI kg/m2	BSA m2
8:13 AM	213.0		96.615	dressed with shoes	29.70	

## Blood Pressure

Time	BP mm/Hg	Position	Side	Site	Method	Cuff Size
8:13 AM	133/96	sitting	left	arm	manual	adult large

## Temperature/Pulse/Respiration

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min
8:13 AM	97.30	36.3	temporal	111	regular	16

## Pulse Oximetry/FiO2

Time	Pulse Ox (Rest %)	Pulse Ox (Amb %)	O2 Sat	O2 L/Min	Timing	FiO2 %	L/min	Delivery Method	Finger Probe

RICHARDSON, JONATHAN 127630 [REDACTED] 10/25/2022 08:13 AM 191/291

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8:13 AM 98

RA

**Peak Flow**

Time	PeakFlow L/min	Timing	Method
8:13 AM	300		

**Measured By**

Time	Measured by
8:13 AM	Alisha M. Richey, RN

**Physical Exam**

Exam	Findings	Details
General Exam	Comments	telehealth visit - heart/lung sounds not assessed.
Constitutional	Normal	Well developed.
Neck Exam	Normal	Inspection - Normal.
Respiratory	Normal	Effort - Normal.
Abdomen	Normal	Inspection - Normal.
Skin	Normal	Inspection - Normal.
Musculoskeletal	Normal	Visual overview of all four extremities is normal.
Extremity	Normal	No edema.
Psychiatric	Normal	Orientation - Oriented to time, place, person & situation. Appropriate mood and affect.

**Assessment/Plan**

#	Detail Type	Description
1.	Assessment	Asthma (493.90).
	Impression	Offender has Albuterol ordered, but he states he has not used it in over a year. He states it was a childhood illness that he no longer struggles with. Lung sounds not assessed today d/t telehealth visit. Offender is breathing comfortably, speaking in complete sentences.
	Patient Plan	Albuterol DC'd Offender DC'd from asthma CCC, as he is no longer being tx for this condition. He is to notify medical immediately if he has SOB/wheezing.
2.	Assessment	Mixed hyperlipidemia (272.2).
	Impression	LDL 108, ASCVD 1.2%. Offender is on a statin & is compliant with medication. No c/o SE's. Denies CP/SOB.
	Patient Plan	Statin DC'd d/t current AHA recommendations for ASCVD <7.5%. Offender DC'd from HLD CCC d/t no longer being tx for this condition. Encouraged healthy dietary choices, daily exercise & weight loss.
3.	Assessment	Gender identity disorder in adults (302.85).
	Impression	Offender is on estradiol & spironolactone as he is transitioning from male to female. He is compliant with medications and has no c/o SE's. He is requesting an increase in his dosages because he wants to get his hormones to a level appropriate for surgery when he is released in 2 years. Estradiol: 44.8 Testosterone: 194.75.
	Patient Plan	No change in estradiol, as he is at the maximum recommended dose. Increase spironolactone to 200mg daily. Continue to monitor in CCC per protocol.
	Provider Plan	Offender was assessed via telehealth. A. Richey RN was present with the patient during the entire encounter. Crawford NP delivered services from her office located in Indiana. The patient consent for telehealth was present in the patient health record. The patient's ID was verified by having him hold his inmate ID in front of the telehealth camera for the provider.

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to verify. The patient was afforded the opportunity to ask questions regarding the use of the telehealth platform.

**Medications (Added, Continued or Stopped today)**

Start Date	Medication	Directions	PRN Status	PRN Reason	Instruction	Stop Date
09/21/2022	estradiol 2 mg tablet	take 3 tablet by oral route every day	N			03/19/2023
10/25/2022	spironolactone 100 mg tablet	take 2 tablet by oral route every day	N			04/22/2023

**Provider:**

Crawford, Victoria 10/26/2022 8:23 AM

Document generated by: Victoria M. Crawford, FNP 10/26/2022 08:23 AM

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RICHARDSON, JONATHAN 127630 [REDACTED] 10/25/2022 08:13 AM 193/291

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**State of Indiana**

**Department of Correction**

Division of Medical and Clinical Healthcare Services

Indiana Government Center South  
302 W. Washington Street  
Indianapolis, IN 46204

**Facility: CIC**

**PATIENT:** JONATHAN RICHARDSON  
**DATE OF BIRTH:** [REDACTED]  
**DOC #:** 127630  
**DATE:** 10/21/2022 12:31 PM  
**HISTORIAN:** self  
**VISIT TYPE:** Onsite Consult

**Individual Counsel/Psych Prog Note**

**General**

Program Name: Outpatient

Start time: 10:15 AM

End time: 00 hours, 30 minutes

Duration: 00 hours, 30 minutes

**MENTAL STATUS EXAM**

**GENERAL OBSERVATIONS:**

Generally normal

Appearance: Within normal limits

Build/Stature: Within normal limits

Posture: Within normal limits

Eye Contact: Average

Activity: Within normal limits

Attitude toward examiner: Cooperative

Attitude toward parent/guardian: Not Applicable

Separation (for children/adolescent): Not applicable

**MENTAL STATUS:**

Mood: Depressed

Affect: Constricted

Speech: Clear

Thought process: Logical

Perception: WNL

Hallucination: Denied None evidenced

Thought content: Within normal limits

Delusions: None Reported

Patient Name: RICHARDSON, JONATHAN  
ID: 127630 Date of Birth: [REDACTED]

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Cognition: Within normal limits  
Intelligence estimate: Average  
Insight: Within normal limits  
Judgment: Within normal limits

### Subjective Information

New issues/stressors/extraordinary events presented today: New issue resolved, no update required

Explanation: Patient was seen in MHP's office for her routine mental health monitoring session. During session, patient discussed her recent approval for transfer to another facility. She stated that she fears she will be subjected to sexual abuse if she is transferred to an all male open dorm prison. Patient became teary eyed as she spoke about past trauma related to reportedly having been raped in prison over ten years ago. She expressed anxiety and symptoms of depression over her security at an open dorm facility.

### Goals, Objectives, and Interventions Addressed Today

Goal Today	Objective Today
Depressive symptoms do not impair daily functioning	Verbalizes increased feelings of self worth

Interventions/Methods Provided:

Validated patient's thoughts and concerns.

Reported to PREA coordinator patient's report of having been raped in prison.

Provided patient with feedback regarding her mental health progress.

Response to Interventions/Progress Toward Goals and Objectives:

Patient remained cooperative and respectful throughout the session. She was receptive to feedback given by MHP.

### Current Assessment

Individual's progress: Some progress

Assessment:

Anxiety is not significant. Cognitive issues are not significant. Substance abuse/dependence is not significant.

Depression is not significant and worsened. Impulse control is not significant. Psychotic symptoms are not significant.

Suicidality is not significant. Mania/manic behavior is not significant. Patient is responding to treatment plan. The patient is compliant with the treatment plan. The patient is cooperative and communicative.

### Risk Assessment

#### CURRENT ENCOUNTER

##### Risk Assessments

Patient denies suicidal ideation, plan, intent, and/or attempt.

Patient denies property damage ideation, plan, intent, and/or attempt.

Patient denies homicidal ideation, plan, intent, and/or attempt.

#### RISK ASSESSMENT HISTORY

Risk	Current	Past	Documented	Event Date	Approximate Date	Ideation	Plan	Intent	Scale
Suicide	Denies		10/21/2022	10/21/2022	No				
Property	Denies		10/21/2022	10/21/2022	No				
Homicide	Denies		10/21/2022	10/21/2022	No				

##### Attempt    Planned/    Drug/Alcohol    Medically    Plan    Attempt    Description

Patient Name: RICHARDSON, JONATHAN  
ID: 127630   Date of Birth: [REDACTED]

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Impulsive Influenced Treated

#### SAFETY MANAGEMENT PLAN

No currently expressed suicidal or homicidal ideation or intent. No current need for safety plan.

#### Assessment/Diagnosis

##### AXIS IV

Severity: Moderate

Problem Type	No/Yes	Description
Primary Support Group	Yes	Very little external support
Social environment	Yes	Difficulty Trusting Others - suspicious - isolates
Legal system/crime	Yes	Incarcerated

##### AXIS V

Current GAF: 70

Date: 08/17/2022.

Highest GAF: 70

Date: 08/17/2022.

#### Plan and Additional Information

Date	Order Description
11/04/2022	MHP follow-up for MH Monitoring

#### SIGNATURES

Staff: Signed by Leticia Martinez-Mateos, MSW, LSW on 10/21/2022

#### Behavioral Health Billing

Start time: 10:15 AM  
End time: 10:45 AM  
Duration: 00 hours, 30 minutes  
Modifier: N/A

Document generated by: Leticia Martinez-Mateos 10/21/2022 12:38 PM

Indiana Government Center South  
302 W. Washington Street  
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Patient Name: RICHARDSON, JONATHAN  
ID: 127630 Date of Birth: [REDACTED]

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Encounter Date: 10/21/2022 12:31 PM

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**DEPARTMENT OF CORRECTIONS  
ADMINISTRATIVE NOTE**

**SITE: CIC**

**COMPLETED BY: Tina Collins, RN 10/14/2022 1:49 PM**



**State of Indiana**

**Department of Correction**

**Division of Medical and Clinical Healthcare Services**

**Indiana Government Center South  
302 W. Washington Street  
Indianapolis, IN 46204**

**Facility: CIC**

**PATIENT:**

**JONATHAN RICHARDSON**

**DATE OF BIRTH:**

**[REDACTED]**

**DOC #:**

**127630**

**DATE:**

**10/14/2022 1:49 PM**

**VISIT TYPE:**

**Administrative Note**

**Issue**

pt asks to get information about gender reassignment surgery risks and benefits.

**Additional comments**

Printed an information sheet from Cleeland Clinic titles Gender affirmation (confirmation) or sex reassignment surgery

**Provider: John Heflin MD**

**Document generated by: Tina Collins, RN 10/14/2022 01:51 PM**

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Indiana Government Center South  
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**SPECIAL NEEDS / URGENT ORDERS**

**SITE: CIC**



**State of Indiana**

Department of Correction

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**Facility: CIC**

PATIENT: **JONATHAN RICHARDSON**  
DOB: [REDACTED]  
DOC#: **127630**  
DATE: **10/06/2022 12:43 PM**  
DOCUMENT GENERATED BY: **Andrea K. Fulton, MA**

**Classification Orders**

Order	Reason	Status	Start	End
Bottom bunk	RUE deformity	ordered	10/06/2022	04/06/2023

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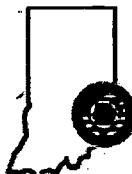
Indiana Government Center South  
302 W. Washington Street  
Indianapolis, IN 46204

NAME: RICHARDSON, JONATHAN

NUMBER: 127630

D.O.B: [REDACTED]

STATE001219

**State of Indiana****Department of Correction****Division of Medical and Clinical Healthcare Services****Indiana Government Center South  
302 W. Washington Street  
Indianapolis, IN 46204****Facility: CIC****PATIENT:****JONATHAN RICHARDSON****DATE OF BIRTH:****127630****DOC #:****10/06/2022 12:43 PM****DATE:****Nurse Visit****VISIT TYPE:****Nurse Visit****Reason for visit: Special Needs Order****Statement of complaint (in patient's words): BBP renewal****Nurse Protocols:****Review/Comments****Patient smokes 14.00 packs a year****Medications**

Medication	Sig	PRN	PRN Reason	Comment
		Status		
estradiol 2 mg tablet	take 3 tablet by oral route every day	N		
Proventil HFA 90 mcg/actuation aerosol inhaler	inhale 2 puff by inhalation route every 4 - 6 hours as needed	Y		
spironolactone 50 mg tablet	take 3 tablet by oral route every day	N		
Zocor 10 mg tablet	take 1 tablet by oral route every day in the evening	N		

**Document generated by: Andrea K. Fulton, MA 10/06/2022 12:43 PM**

Indiana Government Center South  
302 W. Washington Street  
Indianapolis, IN 46204

Electronically signed by John Heflin MD on 10/10/2022 08:59 AM

Patient Name: RICHARDSON, JONATHAN  
ID: 127630 Date of Birth: [REDACTED]

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Encounter Date: 13/06/2022 12:43 PM

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